

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01 1 — 0 7

2. STATE:

North Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.205 A

7. FEDERAL BUDGET IMPACT:

a. FFY 00-01 \$ 0.00

b. FFY 01-02 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Section 6, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Section 6, Page 1

10. SUBJECT OF AMENDMENT:

Medical Care | Other Remedial Care

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Carmen Hooker Russell

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

Office of the Secretary

Department of Health and Human Services

2001 Mail Service Center

Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 30, 2001

18. DATE APPROVED:

June 28, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICE

=====

6a-d. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law (podiatrists' services, optometrists' services, chiropractor services, and other practitioner services).

- (1) Fees for physician services are based on the Medicaid fee schedule in effect on May 1, 1989. A maximum fee is established for each service and is applicable to all specialties and setting in which the service is rendered. Payment is equal to the lower of the maximum fee or the provider's customary charge to the general public for the particular service rendered. This plan also applies to other medical practitioners, such as chiropractors, optometrists, podiatrists, and nurse practitioners.
- (2) Fees for office services, hospital services, nursing home services, consultations, and obstetric services are established at the levels specified in the fee schedule in effect on May 1, 1989. These fees are the standard fees that were established for all specialties effective January 1, 1988.
- (3) Fees for all other physician services are established by applying the following method to the fees in effect on May 1, 1989:
 - (a) The higher of the inpatient or outpatient fee is selected for each service within each specialty and the weighted average of this amount is computed among all specialties. The average is weighted by the number of services billed by each specialty in 1988.
 - (b) The weighted average fee is then increased by 10 percent.

TN. No. 01-07
Supersedes
TN. No. 91-51

Approval Date JUN 28 2001

Eff. Date 02/01/01